

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular			<u>0</u>	<u>6/26/2017</u>	<u>WINGH'S CAFE - KABOB - CURRY</u>
Follow-up	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		TIME IN	TIME OUT
Complaint			RATING	<u>5:12PM</u>	<u>5:45PM</u>
Investigation			<u>A</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:				<u>170001442</u>	<u>KOTWAL, MALTI</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>STALL STAND</u>				<u>Ra 11</u>	<u>9894488</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>0</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>0</u>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Management awareness, policy present			6
3	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			6
7	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			6
Approved Source						
9	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Food obtained from approved source			6
10	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Food received at proper temperature			6
11	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Food in good condition, safe, and unadulterated			6
12	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Required records available: shellstock tags, parasite destruction			6
Protection from Contamination						
13	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Food separated and protected			6
14	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Food contact surfaces: cleaned & sanitized			6
15	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Proper cooking time and temperatures			6
17	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Proper reheating procedures for hot holding			6
18	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Proper cooling time and temperatures			6
19	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Proper hot holding temperatures			6
20	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Proper cold holding temperatures			6
21	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Proper date marking and disposition			6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Pasteurized foods used; prohibited foods not offered			6
Chemical						
24	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Food additives: approved and properly used			6
25	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box. If numbered item is not in compliance and/or if COS and/or R COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Pasteurized eggs used where required			1
28	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Water and ice from approved source			2
29	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Variance obtained for specialized processing methods			1
Food Temperature Control						
30	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control			1
31	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Plant food properly cooked for hot holding			1
32	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Approved thawing methods used			1
33	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Thermometer provided and accurate			1
Food Identification						
34	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Food properly labeled; original container			1
Prevention of Food Contamination						
35	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Insects, rodents, and animals not present			2
36	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display			1
37	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Personal cleanliness			1
38	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Wiping cloths: properly used and stored			1
39	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Washing fruits and vegetables			1

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	In-use utensils: properly stored			1
41	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Utensils, equipment and linens: properly stored, dried, handled			1
42	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Single-use/single-service articles: properly stored, used			1
43	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Gloves used properly			1
Utensils, Equipment and Vending						
44	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Nonfood-contact surfaces clean			1
Physical Facilities						
47	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Hot & cold water available, adequate pressure			2
48	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices			2
49	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Sewage and wastewater properly disposed			2
50	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained, and clean			1
53	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
<u>K. DEL MUNDO</u> <u>K. DUENAS</u> <u>I.L. NAVARRO</u>	<u>6-26-17</u>
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES NO
<u>K. DEL MUNDO</u>	<u>N/A</u>

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME SINGH'S CAFE - KABOB - CURRY		LOCATION (Address) LOT 5047-1-2-NEW UNIT 225A 1068 W MARINE CORPS DR. MICRONESIA MALL, DEDEDO
INSPECTION DATE 6, 26, 17	SANITARY PERMIT NO. 170001442	PERMIT HOLDER KOTWAL, MALTI

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
ALL THE/TCS FOODS KEPT IN FREEZER			

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED IN RESPONSE TO A REGULAR INSPECTION CONDUCTED ON 06/23/17 WHICH RESULTED IN 18 DEMERITS AND A "D" RATING.	
	THE FOLLOWING VIOLATIONS WERE CORRECTED: # 2, 6, 13, 14, 19, 20, 21, 35, 41, 45, AND 53.	
	NO ROACHES WERE OBSERVED DURING THE INSPECTION. ESTABLISHMENT WILL CONTINUE TO WORK WITH PEST CONTROL COMPANY TO ENSURE INFESTATION DOES NOT RETURN.	
	SANITARY PERMIT SHALL BE RE-INSTATED UPON PAYMENT OF \$100.00 FEE TO DPHSS.	
	REMOVED "D" PLACARD NO. 00100 AND NOTICE OF CLOSURE ISSUED "A" PLACARD NO. 02359	
	BRIEFED KOTWAL SINGH, PIC, ON ABOVE	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) K. DEL MUNDO	Date: 6-26-17
DEH Inspector (Print and Sign) K. DEL MUNDO	Date: 6/26/17

RE-INSPECTION REQUEST

①

TO: Bureau of Inspection and Enforcement, DEH, DPHSS

Facsimile No. (671) 734-5556

FROM:

Singh's Cafe - Kabob - Curry

ESTABLISHMENT NAME

Kotwal, Malti

OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 6/23/17 by Katherine Delmundo / Bemiliza Oriundo

Date

Name of PHI/EHS Inspector

resulting a letter grade of D. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
1	Serve safe registration for in charge been done.
2	## Employee health policy has been explained to some of the employee and signed.
6	Employee hand washing and sanitation has been explained and enforced.
8	Hand washing facility been cleared and paper towel and hand wash soap been restored.
13	Raw food and cooked food and ice has been separated and placed in proper area.
14	Post wash implemented in 3 compartment sink for proper sanitation
19	Hot holding temperature will be monitored by thermo meter <u>thermo meter</u> every 2 hrs.

I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience.

If you should have any questions, please call me at _____. Thank you.

Kotwal, Sigi

PRINT NAME

(Signature)

SIGNATURE

6-26-17

DATE

RE-INSPECTION REQUEST

2

TO: Bureau of Inspection and Enforcement, DEH, DPHSS

Facsimile No. (671) 734-5556

FROM:

Singh's Cafe - Kabob - Curry

ESTABLISHMENT NAME

Kotwal, Malti

OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 6/23/17 by Katherine Delmundo / Berniliza Oriundo

Date

Name of PHI/EHS Inspector

resulting a letter grade of D. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
20	Cold holding food is stored below 40°F
21	All wrongly marked or labeled food been implemented by each employee explaining of food shelf life.
35	Pest Control company "Orkin" been communicated for proper chemical use and preventing roaches around the facility
45	Chemical test strip been provided in the dish area for proper monitoring.
53	Broken light been taken out
41	Water holding utensils will be in dry pot and will be washed and cleaned every half hour or as needed.
38	Wiping cloths been soaked in chlorine solution before and after use

I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience.

If you should have any questions, please call me at _____. Thank you.

KOTWAL SINGH

PRINT NAME

[Signature]

SIGNATURE

6-26-17

DATE

rbc 10/18/05

(21) ALL PHF DATE MARKED BY DATE PERPARING DISCARD DATE FOR THE FOLLOWING WILL BE FOLLOW

- ① SAUCE - 5 DAYS
- ② MEAT - 7 days
- ③ Veg daily or per shift

RE-INSPECTION REQUEST

ROUTING - REQUEST

TO: Bureau of Inspection and Enforcement, DEH, DPHSS
Facsimile No. (671) 734-5556

FROM: SINGH'S CAFE - KABOB - C
ESTABLISHMENT NAME
KOTWAL, MALTI
OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 06/23/17 by KATHERI
Date Name

Please

☐

READ

☐

HANDLE

☐

APPROVE

and

☐

FORWARD

☐

RETURN

☐

KEEP OR DISCARD

☐

REVIEW WITH ME

To Curry KabobSpraying done6/24/17 Saturday AMSaturday PM6/26/17 Monday AMnext schedule6/28/17 Wednesday

Date _____

From _____

resulting a letter grade of D. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
6	TRAINING IMPLEMENTED, ALL EMPLOYEES ARE BRIEFED
8	DONE
13	CORRECTED
14	CORRECTED, ALL EMPLOYEES ARE BRIEFED.
19	CORRECTED, TRAINING BEEN DONE, AND WILL CONTINUE
20	CORRECTED WITH SMALL BATCHES
21	CORRECTED, BROWN GLT REMOVED
35	WALL SEALED AND PEST CONTROL DONE.
45	DONE/IMPLEMENTED
53	CORRECTED.
41	WILL NOT USE COLD WATER, WILL KEEP DRY AND CHANGING FLOOR

I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience.

If you should have any questions, please call me at _____. Thank you.

KATHERI S.

PRINT NAME

(S)

SIGNATURE

6-28-17

DATE

RE-INSPECTION REQUEST

TO: Bureau of Inspection and Enforcement, DEH, DPHSS
Facsimile No. (671) 734-5556

FROM: SINGH'S CAFE - KABOB - CURRY
ESTABLISHMENT NAME
KOTWAL, MALTI
OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 06/23/17 by KATHERINE DEL MUNDO / KEMILIZA OPIONDO
Date Name of EPHO Inspector

resulting a letter grade of D. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
35	Deep cleanings and pest control done twice
38	Using chlorox method for wiping surfaces
16	Thermometer used for Temp checks
12	Thermometer implemented
18	Hot water monthly use
20	Ice Bath and small batches implemented
21	Using paper plates as (buro) implemented
22	Used in main menu.
26	N/A
41	Wrong. we used DRY EQUIPMENT AS.
45	Chlorine test strips used
33	Wrong. we used airtight light.
①	Will correct as instructed
②	HEALTH POLICY IMPLEMENTED

I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience.

If you should have any questions, please call me at _____. Thank you.

Holmes Sigs
PRINT NAME

(Signature)
SIGNATURE

6-25-17
DATE



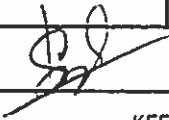
SERVICE INVOICE

PEST CONTROL

910 S. Marine Drive Corps. Dewan Plaza Suite 303, Tamuning, Guam 96913
Tel: 64-ORKIN (646-7546) Fax: 671-649-4834 email: orkin@guam.net

INVOICE #

CUSTOMER NAME:	Micronesia Mall (kalob Curry)	DATE:	6/2
ADDRESS:	Dededo	TEL:	632-

TIME START	TIME FINISH	TECHNICIAN	DESCRIPTION OF SERVICE
7:45 am	8:15 am	F.T.	Ant/Roach treatment
			*conducted Residual treatment
			Inspected and observed better
			Sanitation and no live activity)
CUSTOMER SIGNATURE: 			TOTAL AMOUNT

-KEEPING PEST IN THEIR PLACE FOR OVER 100 YEARS-

Moxspores

monitoring boards - Wed F/U



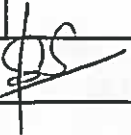
SERVICE INVOICE

PEST CONTROL

910 S. Marine Drive Corps. Dewan Plaza Suite 303, Tamuning, Guam 96913
Tel: 64-ORKIN (646-7546) Fax: 671-649-4834 email: orkin@guam.net

INVOICE #

CUSTOMER NAME:	CURRY KURAB	DATE:	06
ADDRESS:	ANKER Mall F.C	TEL:	

TIME START	TIME FINISH	TECHNICIAN	DESCRIPTION OF SERVICE
11:00am	11:30am	P.D	- INSPECTED AND FOUND
			TWO HOLES ON WALL
			FACING MINDA
			- BAITED AND RESIDUAL
			TREATMENT CONDUCTED
CUSTOMER SIGNATURE: 			TOTAL AMOUNT

-KEEPING PEST IN THEIR PLACE FOR OVER 100 YEARS-